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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

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Rev. 12/2004

1.	NAME OF T COMMITTEE (in full)		TYPE OR PRINT ▼		Example: If typing, type over the lines.		12FE4M5			
<u>_</u>	Check than repo	umber and street) ck if different previously rted. (ACC)	[1,2, 1+,a, L., +, E,a,s,+,	Liberti mpitionic Liai police CITYA 3. IS THIS	- F	NEW	MA STATE	[O ₁ Q ₁ O ₁	7.2	
4.	TYPE (April 15 Quarterly Report (C July 15 Quarterly Report (C October 15 Quarterly Report (C January 31 Year-End Report (C	(b) Monthly Report Due On: (c) 12-Dia PRE-Report PRE-R	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) Apr 20 in the interval in the i		(12C)	Ger		in the State o	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
5.	Covering	July 31 Mid-Year Report (Non-electic Year Only) (MY) Termination Report (TER) Period	POS	Election on	General (3		Rur	noff (30R)	in the State o	Special (30S)
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date Date										

NQTE: Submission of false, exroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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